

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/16/03.

## **I. DISPUTE**

Whether there should be reimbursement for TENS unit supplies - E1399 delivered on 11/12/02.

## **II. RATIONALE**

No EOBs were submitted by either the requestor or the respondent for the disputed service. Per Commission Rule 133.307 (e)(2)(B), “

(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

The requestor supplied shipping documents that were “convincing evidence” that the EOBs had been requested.

The disputed DME is without MAR. It is the requestor’s responsibility to support the amount billed should be considered fair and reasonable.

Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. Rule 133.307 (g)(3)(E) requires that any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party in the dispute must be redacted by the party submitting the documentation, to protect the confidential information and the privacy of the individual.

Documentation supporting the charges were fair and reasonable were not submitted by the requestor or respondent. On this basis, reimbursement for the disputed DME is not recommended.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for E1399.

The above Findings and Decision are hereby issued this 14<sup>th</sup> day of January 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb